

| CLAIMS ONLY | | | | | | | | Application Number 10118667 | Filing Date |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------------------------------|-------------|
| | | | | | | | | Applicant(s) | |
| CLAIMS | AS FILED | | AFTER FIRST AMENOMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep |
| 1 | / | | | | | | 51 | | |
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| 50 | | | | | | | 100 | | |
| Total Indep | 2 | | | | | | Total Indep | | |
| Total Depend | 14 | | | | | | Total Depend | | |
| Total Claims | 17 | | | | | | Total Claims | | |